

Best Available Copy

Patent Application Fee Determination Record
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PATENT APPLICATION FEE DETERMINATION RECORD

107	SEARCH FEES
SEARCH	
SEARCH & EXAMINER'S REPORT	
EXAMINER'S REPORT	
MULTIPLE CLAIMS - PAYMENT SCHEDULE	

Application Number
09611571

Fee Type
AMENDMENT

295

790

* If the difference is less than \$10, add the amount to the next fee.

CLAIMS AS AMENDED + 10%

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				Column 1	Column 2
Total (37 CFR 1.16(d))		20	Minus	20	4
Independent (37 CFR 1.16(b))		3	Minus	3	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				Column 1	Column 2	Column 3	Column 4	Column 3	Column 4
Total (37 CFR 1.16(d))		24	Minus	20	4	\$9	108	\$18	216
Independent (37 CFR 1.16(b))		6	Minus	6	0	44	198	88	332

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				Column 1	Column 2	Column 3	Column 4	Column 3	Column 4
Total (37 CFR 1.16(d))			Minus	**		\$9	108	\$18	216
Independent (37 CFR 1.16(b))			Minus	**		44	198	88	332

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				Column 1	Column 2	Column 3	Column 4	Column 3	Column 4
Total (37 CFR 1.16(d))			Minus	**		\$9	108	\$18	216
Independent (37 CFR 1.16(b))			Minus	**		44	198	88	332

TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 1.

** If the "Highest Number Previously Paid For" IN THIS SPACE, is less than 20, enter 20.

*** If the "Highest Number Previously Paid For" IN THIS SPACE, is one than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) will increase by the amount of the fee determined in the appropriate boxes in column 2.

Burden Hour Statement: This form is estimated to take 1.2 hours to complete. One hour is for preparation and distribution of the individual form.

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OMB Control Number: 1405-0202. Dated: 1-1-97. Associate Commissioner for Patents, Washington, DC 20591.